



**STATE BOARD OF REGISTRATION FOR  
GEOLOGISTS AND GEOPHYSICISTS**  
 2535 CAPITOL OAKS DRIVE, SUITE 300A, SACRAMENTO, CA 95833-2926  
 TELEPHONE: (916) 263-2113  
 FAX: (916) 263-2099  
 E-mail: geology@dca.ca.gov  
 Website: www.dca.ca.gov/geology



## APPLICATION FOR EXAMINATION AND LICENSURE AS A

### CERTIFIED ENGINEERING GEOLOGIST

You must be licensed as a Registered Geologist in California to apply for licensure as a Certified Engineering Geologist.

**APPLICATION INSTRUCTIONS ARE ATTACHED**

*THIS FORM MAY BE REPRODUCED*

FOR OFFICE USE ONLY

Received \_\_\_\_\_

Receipt No. \_\_\_\_\_

**APPLICATION FEE**  
**\$250.00**

**EXAM FEE**  
**\$100.00**

**TOTAL DUE**  
**\$350.00**

**REMIT FEES BY CHECK OR MONEY ORDER ONLY**

**THIS APPLICATION MUST BE TYPEWRITTEN AND SIGNED**

### PERSONAL INFORMATION

**1. NAME**

LAST

FIRST

MIDDLE

**2. ADDRESS**

STREET/P.O. BOX

CITY

STATE

COUNTRY

ZIP CODE

**3. MAILING ADDRESS** STREET/P.O. BOX  
(IF DIFFERENT)

CITY

STATE

COUNTRY

ZIP CODE

**4. BUSINESS TELEPHONE #**

**5. HOME TELEPHONE #**

**6. CALIFORNIA REGISTERED GEOLOGIST LICENSE NUMBER**

**7. Have you previously filed an application for licensure as a Certified Engineering Geologist in California?**

☐ YES

☐ NO

*If YES, list filing dates.*

**8. Have you ever been convicted of a crime or entered a plea of nolo contendere? (Convictions dismissed under section 1203.4 of the Penal Code must be disclosed. Minor traffic violations resulting in a fine of \$499 or less do not need to be disclosed.)**

☐

YES

☐

NO

*If YES, explain fully using section 10 or a separate sheet.*

**9. Have you or any partnership or corporation that you are a member or officer of ever had registration denied, suspended or revoked in any state for a reason other than lack of qualification or failure of examination?**

☐

YES

☐

NO

*If YES, explain fully using section 10 or a separate sheet.*

## REMARKS

**10. Use this section to explain questions 8 and 9 if necessary.**

## EXPERIENCE

List experience in inverse chronological order. When summarizing experience, provide sufficient detail to explain the degree of your responsibility and the nature of the geologic or geophysical decisions you are/were required to make. Use additional sheets as necessary. ***A SUPERVISOR REFERENCE FORM and A COPY OF THE COMPLETED APPLICATION must be sent to each supervisory reference verifying qualifying experience.***

Date of Engagement	Name and Address of Organization	Supervisor
FROM                  TO		

### SUMMARY OF ENGAGEMENT

Date of Engagement	Name and Address of Organization	Supervisor
FROM                  TO		

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<p><b>SUMMARY OF ENGAGEMENT</b></p>
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The information you provide on this application is maintained by the Executive Officer of the State Board of Registration for Geologists and Geophysicists (Board), Department of Consumer Affairs (DCA), 2535 Capitol Oaks Drive, Suite 300A, Sacramento, CA 95833, (916) 263-2113. The information is requested pursuant to Business and Professions Code section 7842 and/or California Code of Regulations, Title 16, sections 3009, 3021 and 3041. It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete. (Title 16, California Code of Regulations sections 3024 and 3028.)

Your application and supporting documentation become the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Government Code section 6250 et seq.) and the Information Practices Act (Civil Code section 1798.61), the names and addresses of persons possessing a license may be disclosed by DCA and the Board unless otherwise specifically exempt from disclosure under the law. ***Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.***

You have the right to review the records maintained on you by DCA or the Board unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board at the above address.

***I declare under penalty of perjury under the laws of the State of California that the information on this application, and any appended sheets, is true and correct.***

<p><b>Signature</b></p>	<p><b>Date</b></p>
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